

Gordon MacLeod Scholarship Fund Grace Christian School Application

Gordon MacLeod, a faithful member of Grace Baptist Church and supporter of Grace Christian School has left a legacy of assistance to those who wish to get a Christian education. Mr. MacLeod has created a trust to help parents who would like to send or continue to send their children to Grace Christian School. The amount available varies each year due to the fact that the money is the product of investments. *The ideal criteria upon which anyone is to receive a scholarship is listed in the scholarship details below; however, all applications will be considered.*

Please check which scholarship you are applying for:

□ New Family Scholarship

Criteria:

- 1. Must be a new family to Grace Christian School
- 2. Financial need
- 3. Planned long term enrollment at Grace Christian School
- 4. Priority given to members or regular attendees of Grace Baptist Church or GCS alumni

□ Returning Family Scholarship

Criteria:

- 1. Re-enrollment fee paid
- 2. Financial need
- 3. All school accounts are up to date
- 4. Has shown an attitude of compliance with school policies and expectations
- 5. Priority given to members or regular attendees of Grace Baptist Church or GCS alumni

No mention was made that a family can receive a scholarship only once; however, it was made fairly clear that the purpose of these funds was to bring new people into the school, not to keep them in it over a long term. Therefore, each year each applicant must apply for these scholarships, even if they received assistance the previous year. No award is given for more than one calendar year at a time. More than one applicant may receive assistance. However, in the absence of any candidates deemed worthy of these scholarships, no award will be given.

The money will not be given to the student, but will instead be allocated to Grace Christian School upon completion of the child(ren)'s first week of school and applied to the family's account by September 15th. The amount awarded is designed to assist, not pay for, the education of any student.



/ear:		All fields must be completed (if applicable) to be considered eligible	
Personal Information			
Family Name		Parent Name(s)	
Street Address		Citizenship 🗆 Canadian	□ Permanent Resident
City, Province		Postal Code	Phone Number
Marital Status □Single Parent	□Married	If you are divorced or separated, and you applying together or separate?	
Member of Grace Baptist Church?	□ Yes □ No	Do you regularly attend church?	If so, where?
Alumni of GCS? Ves No	Year Grad	duated	

Dependents	
Name	Relationship

Employment (last 5 years)				
Applicant #1		Applicant #2		
Employer	Date range	Employer	Date range	
Employer	Date range	Employer	Date range	
Employer	Date range	Employer	Date range	

Financial – Part One		
Yearly Household Income:	Support from others \$ (if applicable):	
Investments Income:	Home Value:	
Yearly Canada Child Benefit:	Other Real Estate Value (total):	

Financial – Part Two		
Accumulated Student Load Debt:	Remaining Mortgage:	
Accumulated Credit Card Debt:	Yearly Charity Giving:	
Accumulated Bank/Trust Debt:	Total Monthly Expenses:	

*You may be asked for a copy of your T4 slips

All information provided on the application or accompanying documentation is private and used solely for the purpose of determining eligibility for financial assistance and verifying income information.

Questions (if you need more room to write, please attach extra paper)

1. Why do you feel you should be considered for a Gordon MacLeod Scholarship?

2. If you are a new family, explain why you want your children to attend GCS. What is your future commitment to the school?

3. Based on your financial situation, how much tuition assistance are you requesting? \$_____

I, _____, hereby state that all of the information that I have given on this form is complete, true, and accurate. If any information is inaccurate, I understand that scholarship awards may be reassessed and/or withdrawn.

Applicant 1 Name (print)	Applicant 1 Name (sign)	Date
Applicant 2 Name (print)	Applicant 2 Name (sign)	Date
	Office Use Only	
cholarship approved denied		Amount \$ Date

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